

## MUCH IN LITTLE\*

The old partnership of skin and genito-urinary work is rapidly disintegrating, each of the partners living happily in his home.

The old hoary legend that skin patients never die and never get well is convicted on both counts; few of them die, and most of them get well.

Why is it that an average practitioner takes such a pride in making the unsolicited admission that "he does not know a thing about skin diseases" while he would not admit half as much about any other branch of clinical medicine?

The "light" treatments, so popular at present, are often heavy enough to produce an unlooked for burn or blister.

Illustration of psychology in dermatology: a patient with fatal pemphigus does not worry the dermatologist half as much as a young flapper with a mild case of acne.

Another dermatologic declassé—carbolic acid. Actinotherapy and modern precise diagnosis have cut down its popularity to the very minimum.

Name five common indications for specific treatment. Answer: Five dollars per injection.

Skin diagnosis is deeper than its subject-matter.

\* Members of the California, Nevada, and Utah Medical Associations are invited to contribute to this column of aphorisms, which will appear from time to time in California and Western Medicine, as sufficient copy accumulates. The aphorisms in this issue were sent in by Moses Scholtz, M. D., Los Angeles.

Year's Work at Medical Center of University of California Closes.—The annual report made by F. S. Durie, assistant comptroller of the University of California in charge of San Francisco departments, has just been received by Luther A. Nichols, comptroller, summarizing the work of the Medical School, University Hospital, College of Dentistry, and other departments for 1930.

The report reveals that the bed capacity of the University Hospital has been increased from 283 to 287 patients, and the new clinic for thoracic surgery was opened as a result of a gift of \$105,000 from Mr. and Mrs. George Roos.

During the year 5307 patients were hospitalized for a total of 62,724 patient days; 134,006 persons were treated in the out-patient department during 156,031 visits; 7790 patients were treated in the College of Dentistry Infirmary; 504,590 meals were served in the University Hospital to patients, nurses, employees, and doctors; and an average of 10,000 pieces of laundry were washed in the university's own laundry every day.

It is the opinion of Comptroller Nichols that the San Francisco Medical Center of the University of California is steadily growing to the position of statewide service that Dean Langley Porter of the Medical School, Dean Guy S. Millberry of the College of Dentistry, Dr. Karl F. Meyer, director of Hooper Foundation, Dean H. C. Biddle of the College of Pharmacy, and Dr. L. S. Schmitt, director of the hospital, have established as the ideal toward which they should strive. Each year the number of patients from all parts of the state increases, and the number of public health organizations with which the University is cooperating grows greater.—*U. C. Clip Sheet.*

## PUBLIC HEALTH WORK

### A STATEMENT ON THE LOS ANGELES COUNTY HEALTH DEPARTMENT\*

By J. L. POMEROY, M. D.  
County Health Officer

Statements have been published by Dr. George Parrish, health officer of Los Angeles City, relative to the necessity for health centers in Los Angeles County and other statements giving the impression that the health department of Los Angeles County has been extravagant and claiming that such institutions are not necessary. The difficulty lies in the fact that Doctor Parrish does not attempt to analyze the difference in health administration of a large city with numerous accessory health activities supported through other agencies than the municipality and the public health administration of a large rural area of some 3400 square miles and thirty-five cities which do not have the accessory resources of a metropolitan city like Los Angeles. He has often quoted the per capita of 59 cents for the city health department as if this sum represented the total investment of the people of Los Angeles in public health. He has frequently compared the per capita costs of 59 cents with the per capita cost of Los Angeles County of \$1.66, but he never explains to his audience the difference in the functions carried on by the two departments. Herein lies the crux of the entire situation.

In the rural districts and the small cities the county health department, besides the ordinary functions of public health as carried on by most health departments, has been compelled to meet the situation of school health work, of emergency hospital care, of clinics for the indigent sick, as well as housing not only for the above functions, but also for the local branch of the county welfare division of the Los Angeles County charities department. Several years ago the question came before the Board of Supervisors as to the advisability of splitting the appropriation for the new General Hospital and building district branches of this institution. A committee of experts from other cities than Los Angeles investigated the situation and made a report. This report recommended the centralization of the main county hospital on the grounds it then occupied on Mission Road and the building of local dispensaries in various districts throughout the county. As a result of this recommendation the Board of Supervisors agreed upon a plan which would house the above mentioned functions and rather than call them dispensaries use was made of the term "health and welfare center" since the building carried other activities besides that of health alone. The attempt of Doctor Parrish to point to the extravagant, expensive health centers costing, according to his statement, some \$500,000, becomes rather ridiculous when the Board of Supervisors is expending \$11,000,000 in a new health center, namely, the new County Hospital, in the city of Los Angeles. Besides this, several million dollars have, in addition, been expended in enlarging Olive View Sanatorium for Tuberculosis and in erecting buildings largely for medical care at the County Farm. The truth is that at the time the program was commenced for health centers in the rural districts and small towns, there was scarcely a free hospital bed or free clinic or any other means provided by the county outside of the city of Los Angeles. Great suffering resulted not only during ordinary times, but extreme conditions prevailed during every epidemic. It was only a matter of justice that provision should be made in the small towns and rural districts for the local care and welfare of the indigents similar to that being given by the county in Los Angeles City.

\* Dr. J. L. Pomeroy, health officer of the County of Los Angeles, has sent in this statement in reply to some excerpts from the reports of Dr. George Parrish, health officer of the city of Los Angeles, which excerpts were printed in the February, 1930, number of California and Western Medicine, page 140.